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ABSTRACT

Efforts to understand mediating and maintaining factors associated with dysfunction of alcoholics have produced competing explanations and conflicting, overlapping constructs. To clarify the relationship between mental health and attributional patterns among women, the attributional patterns of alcoholic, depressed, and control females in response to hypothetical success and failure outcomes in achievement and social situations were examined. Female alcoholics (N=28) and depressed women (N=28) were compared to control subjects (N=28) of equal age, education, marital status, and income in terms of causal ascriptions and emotional reactions to the hypothetical experiences. Results indicated that females in general tended to make internal, unintentional, and unstable attributions to success and failure, and, with this population, the pattern was most debilitating in social situations. The findings suggest support for the idea that an attributional pattern distinct to most females may be characterized by a sense of responsibility for, but a lack of, continuity and control of one's experiences. (Author/NRB)

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Attributional Patterns of Alcoholic, Depressed and Normal Females

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ATTRIBUTIONAL PATTERNS OF ALCOHOLIC, DEPRESSED AND NORMAL FEMALES

In an attempt to clarify the relationship between mental health and attributional patterns among women the present study partially replicates and extends the research conducted by McHugh and Frieze (note one), who examined the attributional patterns among male and female alcoholic subjects and male and female control subjects. The present study examined females only, and added a depressed comparison group in order to determine how female alcoholics compare with females receiving treatment for other problems in living in terms of their causal ascriptions for success and failure.

In attempting to better understand the psychological factors contributing to female alcoholism, Frieze and McHugh (Note one) focused on the underlying feelings of low self-esteem and inadequacy. They posited that attributional patterns regarding the outcomes of significant life events determine the emotional reactions to these events and play important roles in determining future expectations and subsequent behavior. In line with current attribution theory they hypothesized that 1) female alcoholics were more likely to attribute failures to internal, stable and intentional factors than the general female population, 2) that female alcoholics have lower expectancies for success and lower affect when measured across both successes and failures than non-

alcoholic females, and 3) female alcoholics show debilitating attributions, expectancies and affect especially for social situations.

In the Frieze and McHugh study, using a questionnaire containing six stimulus situations, they surveyed responses provided by a recovering alcoholic group and a non-alcoholic group, each of which included both males and females (41 male alcoholics; 28 female alcoholics; 31 male non-alcoholics; 33 female non-alcoholics). Each subject was presented with brief descriptions of six stimulus situations (three achievement and three interpersonal) and asked to imagine him/herself experiencing a success or failure. Each subject responded to one form (success or failure) of the questionnaire.

The results of the Frieze and McHugh study did not provide clear support for their hypotheses. There were no differences between the alcoholics and non-alcoholics on the internality dimension. Overall, both groups attributed more outcome to internal and mutual factors than to external factors. Also, alcoholic subjects were more intentional for success and less intentional for failure than non-alcoholics which is in direct opposition to their prediction. However, female alcoholics were the most stable for failure and the least stable for failure. The hypothesis predicting lower expectancies for the future was high rather than low.

In the preceding review, inner self-esteem and its derivation from a sense of power and potency (internal, stable and intentional causal interpretation of events) have emerged as significant in the consideration of the development of alcoholism and other forms of emotional dysfunction in women. Clarification of these relationships may provide direction in developing a cognitively therapeutic approach in which debilitating thinking styles can be altered to enhance emotional well-being.

It is apparent that in an attempt to understand the mediating and maintaining factors associated with dysfunction there has been produced an assortment of competing explanations and conflicting and overlapping constructs. While the present research effort does not attempt to resolve the controversies it does attempt to evaluate and compare causal attributions, expectancies and affect among alcoholic, non-alcoholic, depressed and non-alcoholic, non-psychiatric women.

The present study is an attempt to partially replicate the Frieze and McHugh study with female alcoholics. However, in order to more clearly define attributional patterns among females, particularly those with mental health problems, female, non-alcoholic, depressed patients were also surveyed.

The alcoholic subjects studied by Frieze and McHugh were drawn from people admitted to a residential alcoholic treatment center in Butler, Pennsylvania. Responses from control

subjects were obtained by soliciting participation of persons living in the former neighborhoods of the alcoholic subjects. Alcoholic and psychiatric subjects in the present study were drawn from females admitted for treatment at a private psychiatric hospital in Winston-Salem, North Carolina. Their questionnaire responses were obtained at the outset of their hospitalization. Because these subjects come from all over the state as well as from out of state, control subjects included females visiting the psychiatric patients and female residents of Winston-Salem.

The questionnaire developed by Frieze and McHugh contains three achievement situations and three social (interpersonal) situations. Their statistical approach employed three between-subject variables: subject group, sex and outcome; and a within-subject variable: situation, resulting in a 2 X 2 X 2 X 6 design. The present study has two between-subject variables: subject group and outcome: and a within-subject variable; situation. To increase the cell N the situation variable was treated in such a way as to group the achievement situations as one measure and the social situations as another measure, resulting in a 3 X 2 X 2 design.

In exploring the failure to support their predictions, Frieze and McHugh pointed out that as a group, alcoholics are not homogeneous, that other variables (marital status, age, occupation, personality variables, etc.) may account for

consistent differences in attributional patterns among female alcoholics.

Another explanation for not finding the predicted results might be because as members of the larger emotionally dysfunctioning group, alcoholics have attempted to cope with psychic stress (albeit, maladaptively) with their use of alcohol, thus defending themselves against their distress and/or against assuming responsibility for their negative experiences. If this is the case, it would follow that they would be more internal, stable and intentional regarding success than the psychiatric group. It was hoped that comparing responses from female alcoholics to those presented by females experiencing emotional distress but no dependency on alcohol would give a more clear picture of how these subgroups of females account for events in their lives and how their interpretations may be altered in order to enhance mental health.

Summary of Hypotheses

The hypotheses were as follows:

1. Regarding success, alcoholic females will be less internal, intentional and stable than females in the general population, but more internal, intentional and stable than the female psychiatric group. Regarding failure, alcoholic females will be more internal, intentional and stable than the female control group but less internal, intentional and stable than the female psychiatric group.

2. Female alcoholics will show more negative affect and pessimism for future events than the control group but more positive affect and optimism than the female psychiatric group.

3. Among alcoholic females counterproductive attributions, negative expectancy and negative affect will be associated more frequently with social situations than with achievement situations.

METHOD

Subjects

A total of 84 subjects were used in this study: 28 female volunteers admitted for treatment for alcohol abuse; 28 female volunteers admitted for treatment for acute psychiatric dysfunction, with a primary or secondary diagnosis of depression other than alcohol abuse; and 28 non-alcoholic, non-psychiatric volunteers from the community.

The alcoholic subjects and depressed subjects were drawn from admissions to Mandala Center, a private 60-bed psychiatric hospital located in a mid-sized (population: 125,000) urban community in North Carolina. Admissions to this hospital come from all over the state and sometimes from out of state, but predominantly from a five county, mid-state area. The control group was composed of women from the community at large as described above and females visiting patients included in the two comparison groups. It was expected that this would help

insure a control group that has demographic characteristics similar to the alcoholic and psychiatric groups, thus reducing the potential for confounding and biasing factors.

The alcoholic group ($\bar{X}$=39.4) was significantly older than the control ($\bar{X}$=33.7) and depressed ($\bar{X}$=33.4) groups (F 5.71= 2.56, p .03). There were no significant differences between the groups with respect to education, marital status, level of income or religious affiliation. The Hollinghead Test was used to determine the social status of the various groups. It takes into account occupation and education and provides a numerical value for social status. The lower the number the higher the prestige or the better the social class. The Hollingshead Test values for the control and alcoholic groups differed significantly (F 2,41 = 6.006; p .005) reflecting a higher social status among the control group subjects.

Although significant demographic differences were found (age and social status), the fact that in spite of these differences, the attributional patterns were found to be more similar than different tends to deflate the importance of the demographic differences.

Design

This study entailed two between-subject variables: subject group and outcome; and a within-subject variable: situation.

Accordingly, there were three independent variables:

subject group (alcoholic; non-alcoholic, depressed and non-alcoholic, non-depressed); outcome (success or failure): and situation (achievement or social). The dependent variables included causal attribution (internal-external, stable-unstable, intentional-unintentional), feelings regarding outcome (ranging on a seven-point scale from very bad to very good); and future expectancy (ranging on a seven-point scale from very low to very high). The application of analysis of variance using a 2 x 2 x 3 design was planned.

Materials

The questionnaire employed by Frieze and McHugh (Note 3) was used. It contains brief descriptions of six stimulus situations in which the subjects were asked to imagine themselves experiencing success or failure. Three stimulus situations are achievement oriented and three are socially oriented. The three achievement situations are: 1) receiving very good or very poor grades on a high school project; 2) receiving very good or very poor ratings as an employee; and 3) receiving compliments or criticisms on a refinished piece of furniture. The three interpersonal situations are: 1) being popular or unpopular at a party; 2) having a lot of friends or no friends within a group; and 3) establishing or not establishing a long-term friendship with a member of the same sex.

Following each stimulus situation are three seven-point

scales measuring affect ("How do you feel?"), expectancy ("How would you expect to do next time in a similar situation?") and commonality ("How common do you think this situation is for people in general?"). High ratings indicate "very good" feeling, "very high" expectation and "very common" experience. Examples of the questionnaires are included in the Appendix.

While situations are a within-subject variable, outcome is a between-subject variable. Thus, there are two forms of the questionnaire (success and failure).

Procedure

The questionnaires were administered individually to the alcoholic and psychiatric subjects as early in their treatment programs as possible. Responses from the control group subjects were also obtained individually.

Coding

Responses to the open-ended question regarding causal beliefs were coded using the Multi-Dimensional Scheme for Coding and Interpreting Perceived Causality for Success and Failure Events: The CSPC developed by Elig and Frieze (1975). This manual outlines a system for coding open-ended response data generated by asking people why they believe success or failure events have occurred. It employs a three-dimensional analysis of causal attributions including internality, stability and intentionality. Coding reliability was determined by having a second judge code a selected sample of one hundred responses. The records of twenty-five subjects were randomly selected and

their causal response to each of four situations were independently recorded. The percentage agreement between the judges for causal category for the three hundred scores was 85%.

RESULTS

Analyses of variance using a 2 X 2 X 3 design were done to test the hypotheses. The within-subject factor was situation (social and achievement). Between-subject variables were outcome (success and failure) and subject group (alcoholic, non-alcoholic, depressed and non-alcoholic, non-psychiatric control). Open-ended attributions were coded by dimension (location, intentionality and stability) using the Multi-Dimensional Scheme for Coding and Interpreting Perceived Causality for Success and Failure Events: The CSPC developed by Elig and Frieze (1975) for these analyses and seven-point scales were used to measure affect, ("How do you feel?"), expectancy ("How would you expect to do next time in a similar situation?") and commonality ("How common do you think this situation is for people in general?").

Commonality

To assess whether or not the situations presented to the subjects were considered common enough by them to be considered a fair instrument, a seven-point scale (from "very uncommon," 1, to "very common," 7) was used. Overall, the situations were rated by the subjects as being slightly above average in how

common they viewed them ($\bar{X}$=4.46) as shown in Table 1.

INSERT TABLE 1 ABOUT HERE

Subjects saw the achievement situations slightly more common than the social situations (main effect: $F_{1,78}=3.092$; p .08). Otherwise, there were no significant differences between the groups in their familiarity with the situations as a function of content or outcome.

Location Dimension

Mean locus ratings are given in Table 2. On a three-point scale (internal - 1; mutual or uncertain - 2; external - 3) all subjects were less internal for failure than for success (main effect: $F_{1,78}=16.148$; p .001) and for social situations than for achievement situations (main effect $F_{1,78}=71.049$; p .01). There was also a trend for all subjects to be somewhat more internal for achievement successes than for social successes (outcome X situation interaction: $F_{1,78}=3.656$; p .06) and they tended to be more internal for achievement successes ($\bar{X}$=1.10) than achievement failures ($\bar{X}$=1.43). There were no significant differences between the subject groups across situations or across outcomes. However, it was observed that alcoholic females tended to be slightly more internal across outcomes ($\bar{X}$=1.40) than both the psychiatric group ($\bar{X}$=1.51) and the control group ($\bar{X}$=1.51).

INSERT TABLE 2 ABOUT HERE

Intentionality

As shown in Table 3 all subjects were more intentional for achievement situations than social situations (main effect: $F_{1,78}=156.93$; p .001) and more intentional for achievement success than social success (situation X outcome interaction: $F_{1,78}=49.668$; p .001). Again, there were no significant differences between subject groups however, female alcoholics tended to be somewhat more responsible for their occurrence.

INSERT TABLE 3 ABOUT HERE

Stability

It was along the stability dimension that significant group differences were found. As can be seen in Table 4 the

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INSERT TABLE 4 ABOUT HERE

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female alcoholic group was less stable across situations and outcomes than the control group (main effect: $F_{2,78}=4.84$; p .01). The psychiatric group was more stable than the alcoholic group and less stable than the control group. However, the differences between the psychiatric and the alcoholic groups and between the psychiatric and control groups were not

significant. Stability did not vary significantly with outcome or situation.

Affect

Affect ("How do you feel?") associated with the six stimulus situations was measured on a seven-point scale with seven being "very good." Predictably, all subjects felt better after success than failure (main effect: $F_{1,78}=965.49$; p .001). The alcoholic and depressed groups felt significantly worse in response to social failure than the control group (situation X outcome X population interaction: $F_{2,78}=4.71$; p .01). Also, the control group responded with a better feeling to social situations generally than the alcoholic and psychiatric subjects (situation X population interaction: $F_{2,78}=4.598$; p .01) suggesting that female alcoholics and psychiatric patients feel less comfortable with social situations than females in the general population. Response data for affect is provided in Table 5.

INSERT TABLE 5 ABOUT HERE

Expectancy

Anticipated future outcomes were measured using a seven-point scale with seven indicating the most favorable expectation. Again, predictably, all subjects expected to do better after successful experiences than failures (main effect: $F_{1.78}=61.25$; p .001). As can be seen in Table 6 expectancy across

subjects was higher for achievement situations than for

INSERT TABLE 6 ABOUT HERE

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social situations (main effect: $F_{1.78}=27.066$; $p < .001$). This difference was significantly more pronounced for the depressed group and the control group than for the alcoholic subjects (situation X population interaction: $F_{2,78}=5.452$; $p < .006$) suggesting that alcoholic subjects may be less optimistic regarding future achievement situations and more optimistic regarding future social situations than non-alcoholic subjects.

Causal Explanations by Category

In Table 7 response category percentages by outcome and subject group are given. It can be seen that all three groups made causal attributions with very similar frequencies. In addition, all three groups attributed outcomes most frequently to the effort category (an internal, intentional and stable or unstable attribution). A close second was the personality interaction category (a mutual, unintentional and stable or unstable attribution) accounting for 23 percent of the alcoholic subjects' attributions combined across outcomes) and 19 percent of the attributions made by both the psychiatric depressed and control groups (combined across outcomes). The third most frequently cited causal explanation was the personality/luck (of the stimulus person) category (an internal/

external, unintentional and stable/unstable explanation).

INSERT TABLE 7 ABOUT HERE

A cursory, non-statistical comparison of the category frequencies by subject group shows that female alcoholics were somewhat more inclined to view their successes as a function of their personality or tendency to be lucky/unlucky (18 percent) than were the female psychiatric patients (13 percent) and the control group (14 percent). They also viewed failures as the result of personality interaction more frequently (22 percent) than did the psychiatric patients (15 percent) and the control group (14 percent). Further, alcoholic females saw their own personalities as a factor in failure situations (16 percent) more so than did control group subjects (nine percent). Overall, personality factors, either independently of others or in interaction with others were used to explain experiences across outcomes more frequently by alcoholic subjects (categories combined: 40 percent) than either of the other two groups (categories combined for the psychiatric subjects: 32 percent; categories combined for the control group: 30 percent), suggesting that they assume greater unintentional and stable responsibility for their experiences. (See Table 8).

INSERT TABLE 8 ABOUT HERE

DISCUSSION

The first section of the first hypothesis, which states that regarding success, alcoholic females will be less internal, intentional and stable than females in the general population, but more internal, intentional and stable than the non-alcoholic, depressed group was only partially supported by the results of this study. Significant differences between groups were found along the stability dimension only; female alcoholics were less stable than the control group.

All groups made more internal and unstable attributions regardless of outcome or situation. And across situations, all three groups were more unintentional for success. Focusing on the female alcoholic group, their attributional pattern for successful experiences leans toward internal, unintentional and unstable (e.g., mood) suggesting that they perceive their experiences as the result of more internally prompted, but less controllable and consistent factors.

As speculated in hypothesis number two, it was expected that the alcoholic group would respond with a lower affect and a more pessimistic expectation for future experiences than the control group, but with a higher affect and greater expectancy for success than the depressed group. Regarding affect, there was a significant interaction between subject group and situation (social/achievement): the control group responded to social experiences with a higher affect than the alcoholic group

and the psychiatric group. The difference between the alcoholic group and the psychiatric group for social situations, although in the direction of the hypothesis, was not significant. Across situations there were no significant differences in affect.

Differences between groups in expectancy also lacked statistical significance, although they were in the direction predicted in the hypothesis.

It was further predicted that among alcoholic females counterproductive attributions, negative expectancy and negative affect would be associated with social situations more frequently than with achievement situations. Alcoholic females were, in fact, significantly more external and less intentional for social situations than for achievement situations. However, there was no significant difference between the alcoholic, depressed, and control subjects on the location and intentionality dimensions.

Frieze and McHugh (Note 3) generally found that both the alcoholic and control groups were more internal than external for both success and failure and that the alcohol group was more intentional and less stable for success and less intentional and more stable for failure than the control group. The present study showed the alcohol group to be less stable for failure than the control group but otherwise defined attributional patterns that were similar to those documented by Frieze and McHugh.

With regard to emotional reactions to success and failure no significant differences were found between alcoholic females and females in the control group in the Frieze and McHugh study. They found that females gave higher ratings following success and felt worse following failure than males and that there was generally a stronger affective reaction in association with achievement situations than with social situations. In contrast, this study produced significant differences in response to social failure with alcoholic and psychiatric females feeling worse than the control group. Overall, the control group responded better to social situations than did the two comparison groups.

Female alcoholics were found by Frieze and McHugh to have higher expectancy after success than the control group and to experience a greater drop in expectancy when comparing responses to success and failure situations. The nature of the experience (achievement/social) rather than the outcome was the only factor to produce significant group differences in the present study, with the psychiatric and control groups expecting to do better in future achievement situations than the alcohol group.

Frieze and McHugh noted that achievement situations instead of social situations generated more debilitating responses among the alcoholic group. The present study found partial support for this hypothesis in that female alcoholics

were significantly less internal and intentional in social situations than achievement situations regardless of outcome. However, the female alcoholic group did not differ from the depressed and control groups in attributions to social and failure situations.

All three groups gave internal and unintentional explanations for both success and failure experiences. If the internal and unintentional attributional pattern is counterproductive when applied consistently, regardless of outcome, as is apparent from the discussion that follows, how can the control group's concurrence with this pattern be accounted for?

One might conclude from the lack of group differences that the study of attributional patterns is not productive in terms of conceptualizing emotional dysfunction among subgroups of females. Another explanation may lie in the consideration of assumptions made in this study. Two assumptions that were made were that 1) the control group is composed of emotionally healthy women, and 2) the groups are comparable. The first assumption was based on the fact that these subjects were not, at the time of the study, hospitalized for the treatment of alcoholism or psychiatric problems. No screening for such problems was done, however. Future investigations might employ a more rigorous approach by including a psychiatric evaluation and/or documentation of previous psychiatric

history and family history of psychiatric problems in order to defend this assumption. Although demographic differences were found (age and social status as reported in Chapter II), the fact that in spite of these differences the attributional patterns were found to be more similar than different, deflates the importance of the demographic differences.

Another viewpoint might hold that the lack of group differences is noteworthy in that the consistency in attributional styles among women generally may predispose women as a group to emotional dysfunction. The attributional pattern, then, warrants attention.

The commonly held attributional pattern (internal and unintentional) implies a sense of responsibility for but a lack of control over one's experiences generally. That is, while the internal attributions suggest personal power over experiences, it is of markedly reduced potence if one perceives she or he exerts no conscious control over such power as is implicated by the unintentional attributions given.

Internal attributions are thought to reflect a sense of potency which is consistent with emotional health. But when intentionality is taken into account, the unintentional attributions negate this potency by suggesting lack of control. It would seem, then, that therapeutic efforts would do well to focus on the intentionality aspect of one's style of interpreting causation in order to challenge irrational (and

self-defeating) assumptions of unintentional behavior.

As described earlier, personality factors, alone and in interaction with personality of others, when combined comprise the largest attribution category. One may be inclined to attribute to personality factors those outcomes which they actually made an effort to produce. For example, "I'm an interesting person" may actually reflect an effort to be well-versed in a variety of areas versus a chance development of personality. Close examination of assumptions and interpretative thinking styles, especially along the intentionality dimension, appear, based on this investigation, to be fertile areas for cognitive therapeutic efforts.

As previously suggested, it may be that the most significant finding emerging from this study--lack of group differences--promotes the notion that subgroups of women vary little and that generally they engage in a thinking style that may contribute to emotional dysfunction.

In a review of the literature addressing the possible relationship between personality and attributional style, Ickes and Layden (1978) report that 1) negative outcomes are typically attributed to external factors by males and to internal factors by females, 2) that regarding failure situations, subjects with high self-esteem make external attributions and subjects with low self-esteem give internal causal explanations and 3) that males resemble the high self-esteem

subjects in their attributional styles and that females resemble those subjects with low self-esteem.

Looking at the reported rates of depression over the past 40 years in several western countries, a consistent two to one ratio between women and men was documented by Weissman and Klerman (1977). In responding to the consistently higher rates of depression among women than among men, Ickes and Layden state, "Collectively, all the relevant evidence appears to implicate a cognitive-motivational syndrome of performance deficit, learned helplessness and depression--a syndrome to which individuals with low self-esteem, and females in general, are most likely to be susceptible (p. 147)."

Research and speculation around the development of cognitive styles in children was undertaken by Dweck and Goetz (1978). They examined cognitive and behavioral reactions to failure situations among male and female children. Mastery-oriented children reported spontaneous cognitions that emphasized self-instruction and self-monitoring. When causal explanations were given they dealt with controllability (intentionality). Their behavioral response was to try harder. Helpless children, on the other hand, gave reports of spontaneous cognitions that emphasized negative affect and causal attributions, and these most frequently were external or internal and unintentional (and therefore, insurmountable) including the lack or loss of ability. Behaviorally they deteriorated or quit. The contrast

in cognitive style, which provides insight into the cognitive-motivational syndrome, was viewed as prescription for success versus diagnosis. The latter profile was found to be more characteristic of girls than boys.

In their series of studies which included systematic observation, Dweck and Goetz attempted to find some explanation for these differences. They concluded that boys had greater inner self-esteem resources, "boys . . . have been trained to be independent and to formulate their own standards of excellence against which to judge the adequacy of their performance. Girls, however, . . . believed . . . to remain more dependent upon external evaluation . . . look to the feedback of others to assess their performance and evaluate their abilities (p. 164)."

The consistency of these findings with those suggested in the present study provides further support for continuing research into the development and maintenance of thinking styles that promote and mitigate against emotional health among men and women.

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TABLE 1

Ratings of Commonality of Situation

By Type of Situation, Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	3.87	4.33	4.22	4.14
Achievement	4.48	4.60	4.37	4.48
$\bar{X}$	4.17	4.46	4.29	4.31
Success Situations				
Social	4.77	4.74	4.06	4.52
Achievement	4.69	4.73	4.70	4.71
$\bar{X}$	4.73	4.73	4.38	4.61
Situations Across Outcomes				
Social	4.32	4.54	4.14	4.33
Achievement	4.59	4.67	4.54	4.59
$\bar{X}$	4.45	4.60	4.34	4.46

Note: Ratings 1-7 with high rating indicating the situation to be very common to people in general.

TABLE 2

Mean Location of Causal Attributions

By Type of Situation, Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	1.81	1.65	1.77	1.74
Achievement	1.47	1.33	1.50	1.43
$\bar{X}$	1.63	1.49	1.64	1.59
Success Situations				
Social	1.63	1.51	1.66	1.60
Achievement	1.13	1.10	1.08	1.10
$\bar{X}$	1.38	1.31	1.37	1.35
Situations Across Outcomes				
Social	1.72	1.58	1.72	1.67
Achievement	1.30	1.22	1.29	1.27
$\bar{X}$	1.51	1.40	1.51	1.47

Note: The Internal/External dimension of causality was coded on a scale of 1-3, with 1 indicating an internal attribution, a 2 indicating a mutual attribution and a 3 indicating an external attribution.

TABLE 3

Mean Intentionality of Causal Attributions

By Type of Situation, Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	1.87	1.67	1.95	1.83
Achievement	2.47	2.29	2.29	2.35
$\bar{X}$	2.17	1.98	2.12	2.09
Success Situations				
Social	1.29	1.25	1.27	1.27
Achievement	3.13	3.24	2.96	3.11
$\bar{X}$	2.21	2.25	2.11	2.19
Situations Across Outcomes				
Social	1.58	1.46	1.61	1.55
Achievement	2.80	2.77	2.63	2.73
$\bar{X}$	2.19	2.12	2.12	2.14

Note: The Intentionality dimension of causality was coded on a scale of 1-4 with the following values: 1 = Unintentional; 2 = Uncertain; 3 = Mediate; 4 = Intentional.

TABLE 4

Mean Stability of Causal Attributions

By Type of Situation, Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	2.11	1.94	2.38	2.14
Achievement	2.12	1.90	2.49	2.17
$\bar{X}$	2.11	1.92	2.43	2.15
Success Situations				
Social	1.96	1.71	2.18	1.95
Achievement	1.92	1.99	2.09	2.00
$\bar{X}$	1.94	1.85	2.14	1.98
Situations Across Outcomes				
Social	2.04	1.83	2.28	2.05
Achievement	2.02	1.95	2.29	2.09
$\bar{X}$	2.03	1.89	2.29	2.07

Note. The stability dimension of causality was coded on a scale of 1-3 with the following values: 1 = Unstable; 2 = Uncertain; 3 = Stable.

TABLE 5

Ratings of Affect By Type of Situation,

Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	2.25	2.39	3.36	2.67
Achievement	2.27	2.20	2.24	2.24
$\bar{X}$	2.26	2.30	2.80	2.45
Success Situations				
Social	6.35	6.43	6.31	6.36
Achievement	6.76	6.58	6.64	6.66
$\bar{X}$	6.55	6.51	6.48	6.51
Situations Across Outcomes				
Social	4.30	4.41	4.84	4.52
Achievement	4.52	4.39	4.44	4.45
$\bar{X}$	4.41	4.41	4.64	4.48

Note. Affect was rated on a scale of 1-7 with a high rating indicating a very good feeling in response to the imagined experience.

TABLE 6

Ratings of Expectancy for Future Outcomes

By Type of Situation, Outcome and Subject Group

	Subject Groups			
	PSYCHIATRIC	ALCOHOLIC	CONTROL	$\bar{X}$
Failure Situations				
Social	3.24	3.86	3.54	3.55
Achievement	4.07	4.00	4.71	4.26
$\bar{X}$	3.65	3.93	4.13	3.90
Success Situations				
Social	4.89	4.96	4.46	4.77
Achievement	5.62	5.05	5.64	5.44
$\bar{X}$	5.26	5.00	5.05	5.10
Situations Across Outcomes				
Social	4.07	4.41	4.00	4.16
Achievement	4.85	4.53	5.18	4.85
$\bar{X}$	4.46	4.47	4.59	4.50

Note. Anticipated future outcomes were measured using a 7-point scale with 7 indicating the most favorable outcome.

TABLE 7

Most Frequent Causal Explanations Across Situations By Outcome and Subject Group

	Subject Groups		
	ALCOHOLIC	CONTROL	PSYCHIATRIC
Success	Effort (30%) Personality Interaction (25%) Personality/Luck of Subject (18%) Intrinsic Motives (7%) Ability (7%)	Effort (27%) Personality Interaction (24%) Personality/Luck of Subject (14%) Intrinsic Motives (12%) Ability (11%)	Effort (25%) Personality Interaction (23%) Personality/Luck of Subject (13%) Intrinsic Motives (12%) Ability (9%)
Total Number of Attributions	97	111	117
Failure	Personality Interaction (22%) Effort (20%) Personality/Luck of Subject (16%) Ability (11%) Others' Motives (8%)	Effort (20%) Personality Interaction (14%) Personality/Luck of Subject (9%) Others' Motives (9%) Ability (7%)	Effort (23%) Personality Interaction (15%) Personality/Luck of Subject (13%) Ability (11%) Others' Motives (9%)
Total Number of Attributions	93	103	123

Note. Frequency is given as percentage (rounded off to nearest percentage point) of total responses given by subject group for each outcome.

TABLE 8

Most Frequently Cited Causal Explanations

Across Situations and Outcomes by Subject Groups

	Subject Groups		
	ALCOHOLIC	CONTROL	PSYCHIATRIC
	Effort (25%)	Effort (24%)	Effort (24%)
	Personality Interaction (23%)	Personality Interaction (17%)	Personality Interaction (19%)
	Personality/Luck of Subject (17%)	Personality/Luck of Subject (11%)	Personality/Luck of Subject (13%)
	Ability (9%)	Ability (9%)	Ability (10%)
	Intrinsic Motives (5%)	Intrinsic Motives (9%)	Intrinsic Motives (8%)
Total Number of Attributions	190	217	240

Note. Frequency is given as percentage (rounded off to nearest percentage point) of total responses given by subject group for each outcome.